

# Migraine Journal

Date: \_\_\_\_\_

Time migraine began: \_\_\_\_\_

Time migraine ended: \_\_\_\_\_

Severity, 1-10*	
Warning signs/aura	
Medicines used	
Food/drink within 24 hrs.	
Weather conditions	
Other symptoms (vomiting, confusion)	
Activities prior to headache	
Stress level, 1-10**	
Comments	

\* Rate severity where 1-3 is dull, 4-5 is mild, 6-7 is moderate, and 8-10 is severe.

\*\* Rank stress where 1-3 is little stress, 4-5 is some stress, 6-7 is moderate stress, and 8-10 is severe stress.